

Event Date	10/1/08
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Dingus For Judge		Tom Grote and Rick Neal	
Full Name of Contributor Barb Sokol		Registration Number, if PAC	
Street Address 2346 Fishinger Rd	Employer/Occupation/Labor Organization* Homemaker	M D Y 0 9 2 3 0 8	Amount 250.00
City Columbus	State Zip Code O H 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor James Elliott		Registration Number, if PAC	
Street Address 2546 Bexley Park Rd	Employer/Occupation/Labor Organization* Editorial Alliance	M D Y 1 0 0 1 0 9	Amount 125.00
City Bexley	State Zip Code O H 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Tom Demko		Registration Number, if PAC	
Street Address PO Box 82183	Employer/Occupation/Labor Organization*	M D Y 1 0 0 1 0 8	Amount 25.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Tom Tootle		Registration Number, if PAC	
Street Address 5971 Hildenboro Dr	Employer/Occupation/Labor Organization* Self - Attorney	M D Y 1 0 0 1 0 8	Amount 100.00
City Dublin	State Zip Code O H 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor William Mains		Registration Number, if PAC	
Street Address 179 E. Deshler	Employer/Occupation/Labor Organization* Self - Doctor	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Chandler Mercer		Registration Number, if PAC	
Street Address 376 E Deshler	Employer/Occupation/Labor Organization* TIAACREF - Director	M D Y 1 0 0 1 0 8	Amount 200.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Kathy Bowman		Registration Number, if PAC	
Street Address 250 Lytham Rd	Employer/Occupation/Labor Organization* Attorney - Cavalieri Bailey	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43220	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

4,955.94

Total expenditures this event

Page Total \$ 1,200.00